



Llywodraeth Cymru
Welsh Government

Science Evidence Advice (SEA)

Summary of Advice

30 June 2023



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Top Line Summary

- There is a stable picture of COVID-19 infections across all Wales-wide indicators.
- Deaths related to COVID-19 are slightly decreasing.
- COVID-19 still poses a significant threat to human health. COVID-19 is still circulating and vaccines should be prioritised for high-priority groups in settings where coverage (including boosters) is incomplete.
- PHW report that influenza activity has decreased to baseline levels, but small numbers of cases continue to be detected. UKHSA reports that influenza positivity remains low and stable. WHO reports that influenza detections remained low, but in the southern hemisphere, some countries reported variable changes, while detections in other countries have peaked. Australian government reports that Influenza-like-illness (ILI) activity in the community reported to FluTracking stabilised this fortnight, while ILI to general practitioners (GPs) decreased. It is likely that the impact on society remains stable.
- Avian influenza continues to be a risk, there is limited evidence that avian influenza virus is getting better at infecting humans or other mammals.
- PHW report that cases of RSV in children under 5 years of age remains below the baseline threshold. UKHSA reports that the overall RSV positivity remains low.
- PHW report that Scarlet fever notifications are back to baseline. Following a recent uptick, iGAS reports have decreased slightly in recent weeks.

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1. Wales COVID-19 Situation Update

- There is a stable picture of COVID-19 infections across all Wales-wide indicators.
- Hospital bed occupancy of confirmed COVID-19 patients has been decreasing. Admissions to critical care wards based on the weekly number of confirmed cases have decreased.
- COVID-19 still poses a significant threat to human health. COVID-19 is still circulating and vaccines should be prioritised for high-priority groups in settings where coverage (including boosters) is incomplete.
- Deaths related to COVID-19 are slightly decreasing.
- Data from sequenced cases shows that XBB is the most dominant variant in Wales accounting for 46.1% of all sequenced cases.

1.1. Wastewater surveillance

[Wastewater surveillance](#)¹ suggests the overall SARS-CoV-2 viral load has remained level across the country. However, the signal increased at Carmarthen Bay and the Gower, Clwyd, Llŷn and Eryri, South East Valleys, Teifi and North Ceredigion, Usk and Wye, and decreased at Cleddau and Pembrokeshire Coastal Rivers, Conwy, Meirionnydd, Tawe to Cadoxton, Ynys Môn and Hafren Dyfrdwy.

Figure 1 - National (blue lines) and Regions (grey lines) wastewater signal for COVID-19 in Wales.

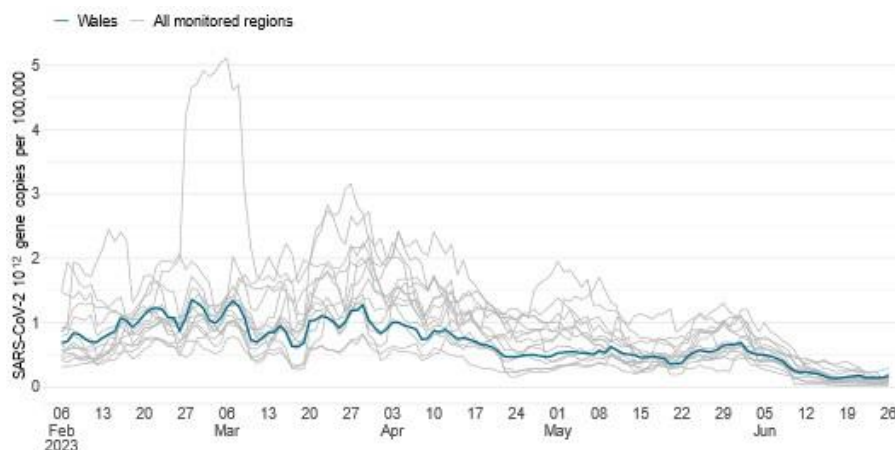
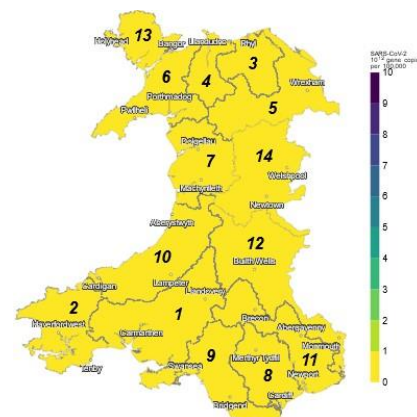


Figure 2 - National Heat Map showing Regional Mean Wastewater Signal



1.2. PHW Cases (PCR & LFD Testing)

As of 28 June 2023, PHW most recent epidemiological report (data for week ending 25/06/2023) [reports](#)² that there is a downward of COVID-19 infections across Wales-wide indicators. All parameters have decreased or remained relatively stable compared to the previous week in Wales.

PHW report that confirmed PCR cases and the adjusted case episode rates (PCR +LFD episodes) continue to remain generally stable and at low levels.

Compared to the previous week, LFT positivity rate was 28.57% in week 24 and decreased to 22.22% in week 25. Incidence based on LFT testing was highest in the 60-79 age group.

1.3. Deaths

ONS published statistics on 27 June 2023 on provisional [weekly deaths](#)³, including deaths involving COVID-19, for the week ending 16 June 2023. 7 deaths involving COVID-19 were registered in the latest week. This was 1.1% of all deaths and 9 less than the previous week.

¹ [Wastewater monitoring reports: coronavirus | GOV.WALES](#)

²

https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports

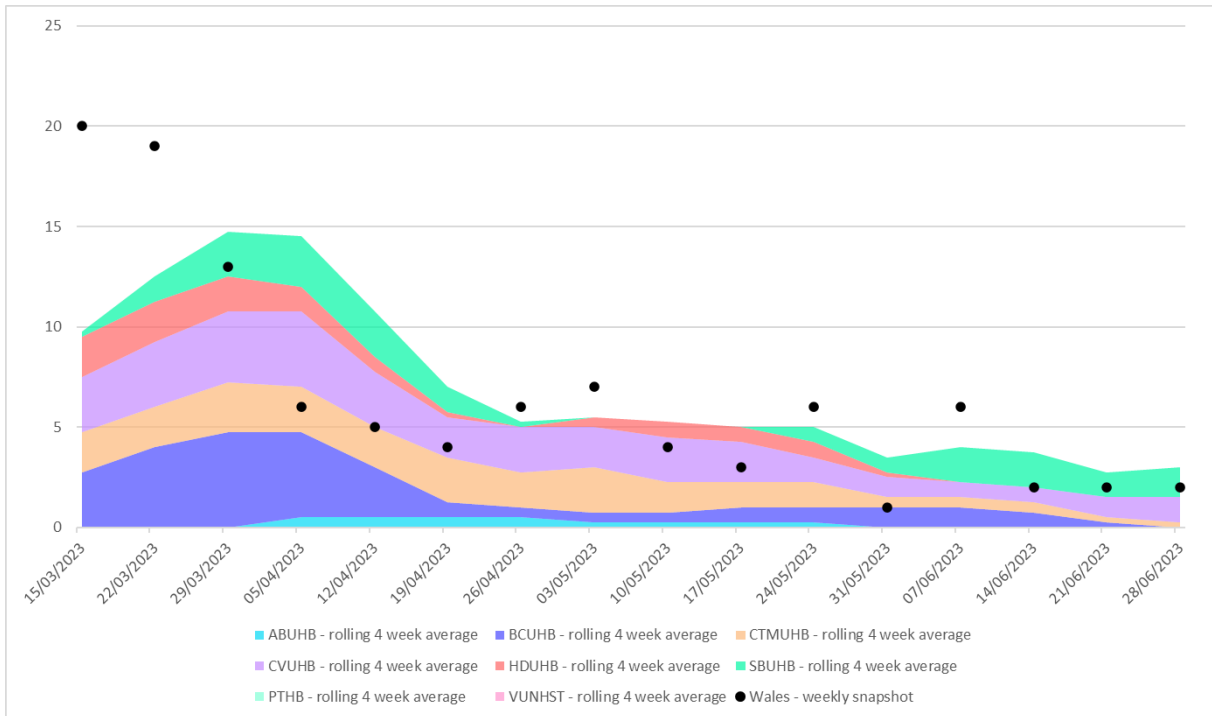
³ [Deaths registered weekly in England and Wales, provisional - Office for National Statistics \(ons.gov.uk\)](#)

652 deaths from all causes were registered in the latest week. This was 12 more than the previous week and is 54 more than the five-year average for 2017-2019 and 2021-2022.

1.4. NHS

As of 28 June 2023, hospital admissions of suspected and confirmed COVID-19 positive patients was at 2 admissions. The data in included in this section includes a rolling 4-week average and weekly snapshot (Wednesday only data).

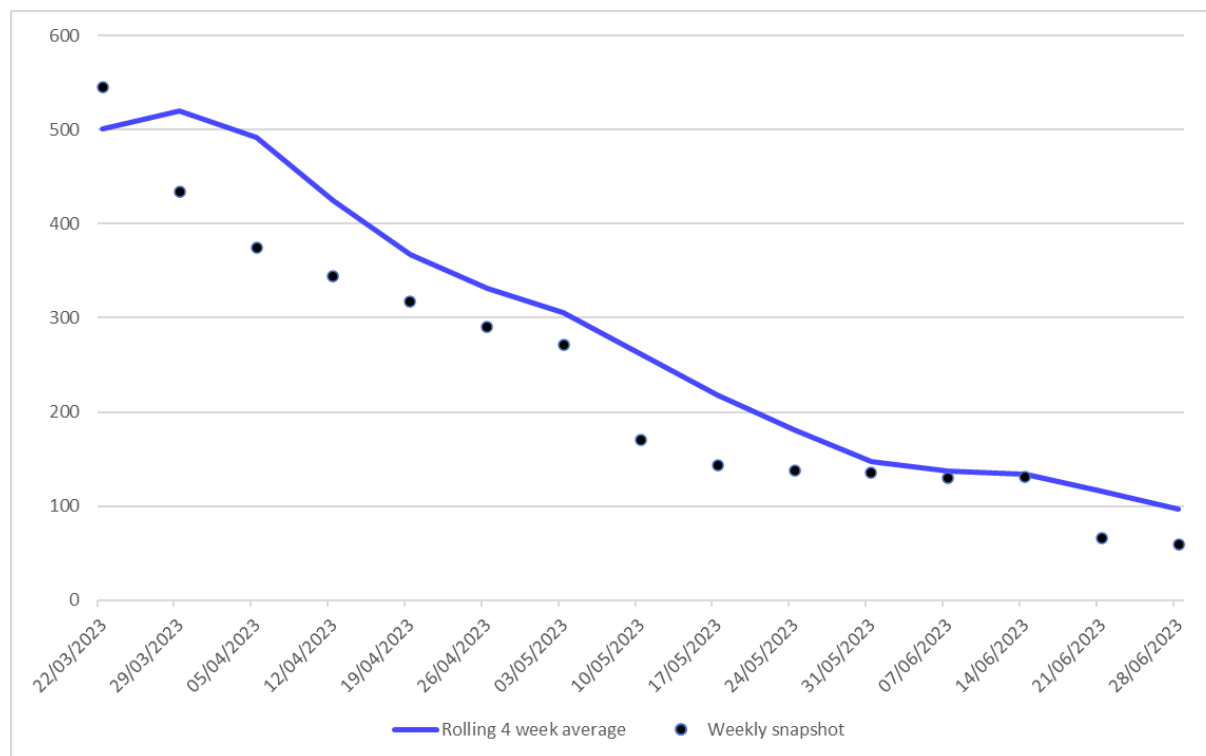
Figure 3 - Hospital admissions of suspected and confirmed COVID-19 positive patients.



As of 28 June 2023, the number of hospital bed occupancy of confirmed COVID-19 patients was 59 beds, a decrease from 66 beds reported on the previous Wednesday.

Hospital bed occupancy of confirmed COVID-19 patients has been decreasing since the middle of March when there was a peak of 614 beds occupied.

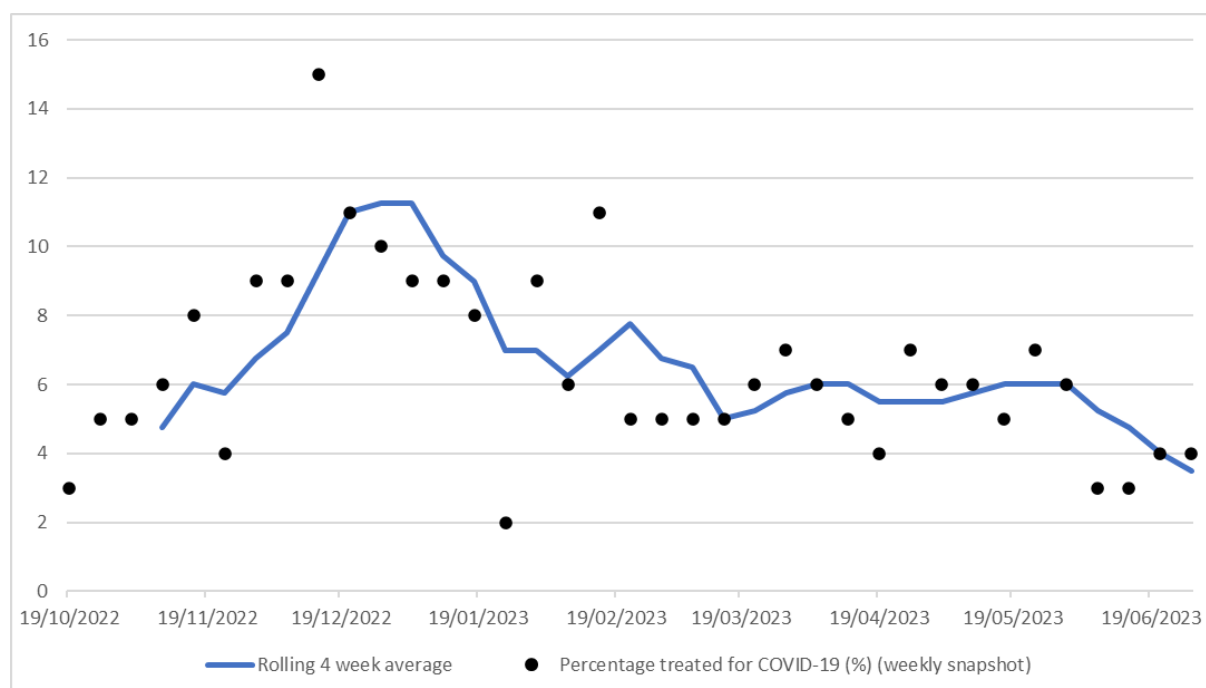
Figure 4 - Average of hospital bed occupancy of confirmed COVID-19 patients



The proportion of [patients in hospital](#)⁴ with COVID-19 who are being actively treated for COVID-19, as opposed to testing positive for COVID-19, but being primarily treated for other reasons, has been below 10% every reporting Wednesday in 2023, except for 15 February 2023 when this figure was 11%. More recent snapshots were lower - the snapshot taken on 21 June was 4% and the snapshot taken on 28 June was also 4%.

⁴ stats.wales.gov.wales

Figure 5 - Percentage of COVID-19 patients in acute hospitals actively treated for COVID-19 in Wales, StatsWales (%)



1.5. Vaccines

The 2023 Spring COVID-19 booster vaccination programme is now under way. As of 22 June 2023, a total of 272,864 individuals had received a 2023 Spring booster dose, equating to a percentage uptake of 65.68% of eligible individuals.

Table 1 - COVID-19 2023 Spring booster vaccination coverage in eligible groups

Eligibility group	Wales Residents (n)	Spring Booster vaccinated (n)	Spring Booster vaccinated (%)
Immunosuppressed	94,652	42,888	45.31
Care home residents	18,298	14,023	76.64
75 years and older	340,291	245,156	72.04
All Eligible	415,461	272,864	65.68

Source: [Public Health Wales](https://publichealth.wales)

Note: data extracted at 8am on 22/06/2023. In this table groups are not mutually exclusive. Individuals are counted in all the eligibility groups for which they meet the criteria. Both Wales residents and Spring Booster vaccinated totals exclude those who have died.

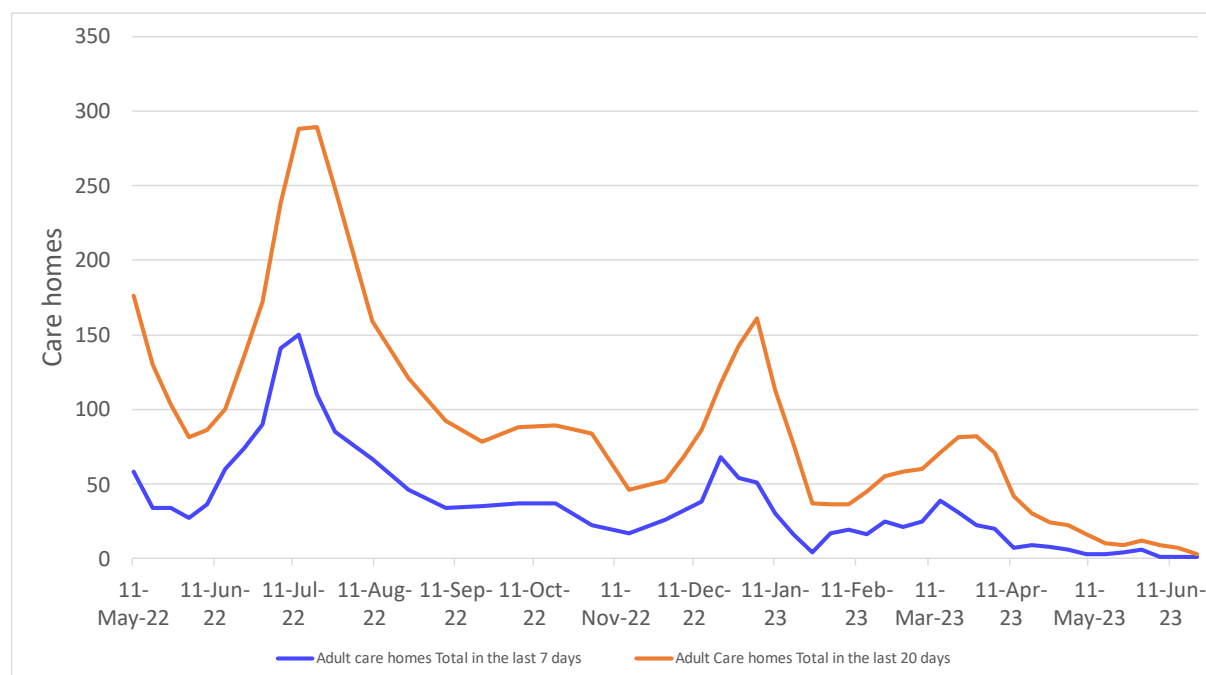
1.6. Care homes

As of 21 June 2023, the number of adult care homes in Wales that have [notified CIW](#)⁵ of one or more confirmed cases of COVID-19 in staff or residents in the last 7 days remained the same since the previous week, at 1 notifying. This figure for the

⁵ statswales.gov.wales

last 20 days is at 3 (period ending 21 June 2023), from 7 (period ending 14 June 2023). In Wales there are 1,014 adult care homes in total.

Figure 6 - Number of adult care homes which have notified CIW of one or more confirmed cases of COVID-19 in staff or residents.



As of 21 June 2023, the [number of notifications to CIW of deaths of adult care home residents involving COVID-19](#)⁶ (both confirmed and suspected) in the last 7 days increased from the previous week – there was 1 death reported as of 21 June and 0 deaths reported in the last 7 days as of 14 June.

In total, CIW has been notified of 2,339 care home resident deaths with suspected or confirmed COVID-19 between 1 March 2020 and 21 June 2023. This makes up 10% of all adult care home resident reported deaths (22,378) during this period.

1.7. International overview – World Health Organisation update

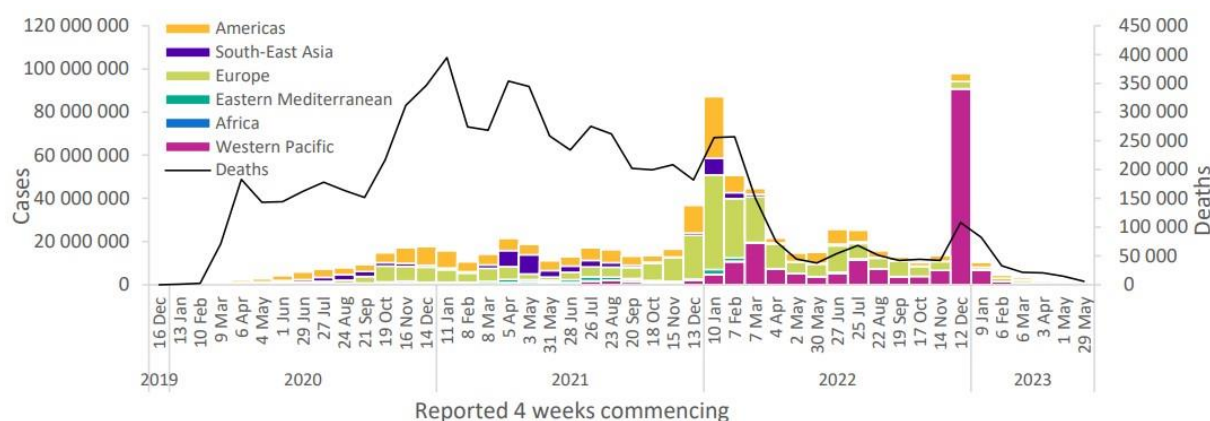
As of 29 June 2023, [WHO reports](#)**Error! Bookmark not defined.** that globally, over one million new cases and over 5700 deaths were reported in the last 28 days (29 May to 25 June 2023). While five WHO regions have reported decreases in both cases and deaths, the African Region has reported a decrease in cases but an increase in deaths. As of 25 June 2023, over 767 million confirmed cases and over 6.9 million deaths have been reported globally. Reported cases are not an accurate representation of infection rates due to the reductions in testing and reporting globally. During this 28-day period, only 62% (146 of 234) of countries and territories reported at least one case – a proportion that has been declining since mid-2022. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by

⁶ stats.wales.gov.wales

countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations.

Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalisations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

Figure 7 - COVID-19 cases reported weekly by WHO Region, and global deaths, as of 25 June 2023



Source: [WHO Weekly Epidemiological Update on COVID-19](#)

The highest numbers of new 28-day cases were reported from the Republic of Korea (371 513 new cases; -22%), Australia (111 543 new cases; -21%), Brazil (77 022 new cases; -41%), France (45 306 new cases; -55%), and Singapore (40 531 new cases; -56%). The highest numbers of new 28-day deaths were reported from Brazil (1055 new deaths; -10%), the Russian Federation (517 new deaths; -16%), Australia (343 new deaths; -53%), Italy (342 new deaths; -48%), and France (285 new deaths; -58%).

1.8. European Centre for Disease Prevention and Control (ECDC)

As of 29 June 2023, [ECDC reports](#)⁷ decreasing or stable trends were observed in EU/EEA indicators based on pooled country data in all age groups. This is a continuation of the pattern observed in recent weeks.

An increase in case rates, test positivity and hospital admissions compared to the previous week was reported by one country. Data on cases were reported by 22 countries. No country reported increases in ICU or death indicators. There were 105 deaths reported from 18 countries.

No country is predicted to see increases in the number of reported cases, hospital admissions or deaths in the period up to 9 July 2023, based on ensemble model forecasts.

Figure 8 - EU/EEA weekly test positivity, 29 June 2023



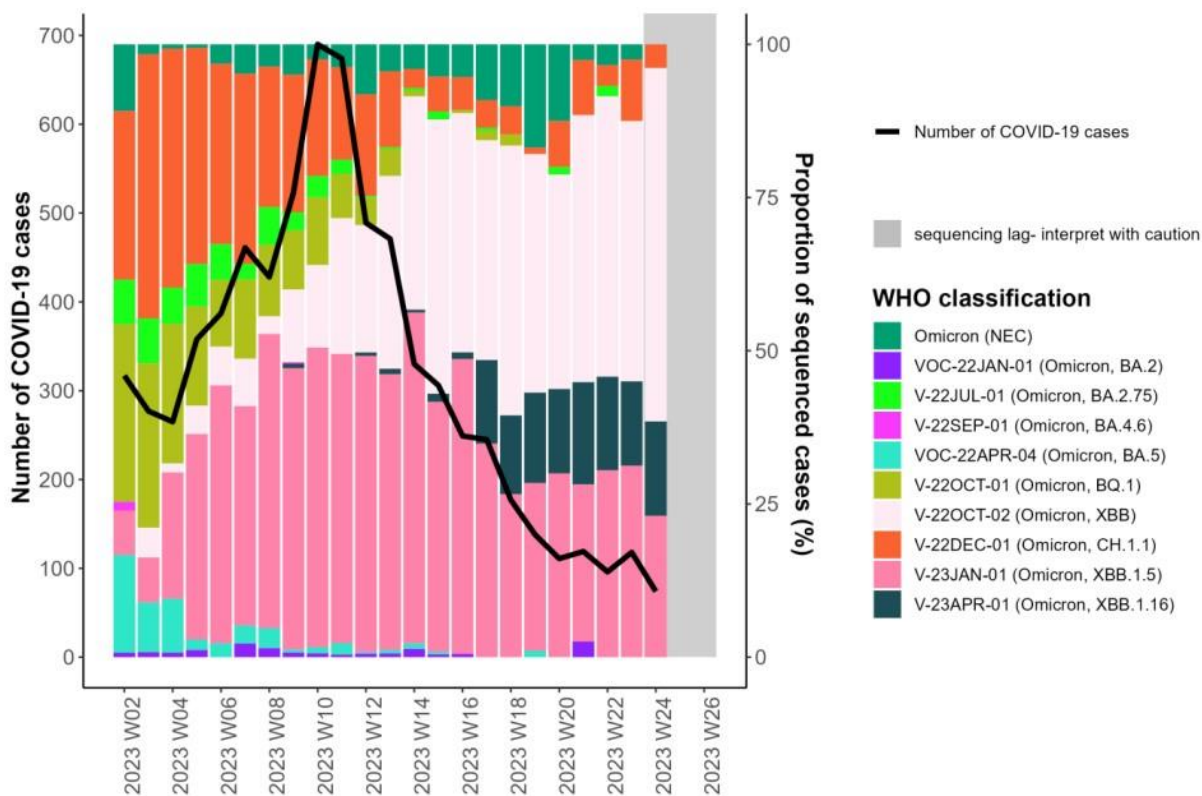
Data source: [Weekly COVID-19 country overview \(europa.eu\)](#)

⁷ [Weekly COVID-19 country overview \(europa.eu\)](#)

1.9. Variant of Concern update

As of 28 June 2023, [PHW reports](#)⁸ the last four reporting weeks, V-22OCT-02 (Omicron, XBB) has been the most dominant variant in Wales, accounting for 46.1% of all sequenced cases.

Figure 9 – Proportion of sequenced cases typed as each variant in the past six months in Wales (Data as of 27 June 2023)



Source: [Public Health Wales COVID-19 genomic surveillance](#)

As of 27 June 2023, there have been 57,117 cases of VOC-21NOV-01 (Omicron, BA.1), 29,327 cases of VOC-22JAN-01 (Omicron, BA.2), 1,192 cases of VOC-22APR-03 (Omicron, BA.4), 7,459 cases of VOC-22APR-04 (Omicron, BA.5), 2,078 cases of V-22OCT-01 (Omicron, BQ.1), 1,376 cases of V-22DEC-01 (Omicron, CH.1.1), 1,966 cases of V-23JAN-01 (Omicron XBB.1.5), 1,086 cases of V-22OCT-02 (Omicron XBB), and 117 cases of V-23APR-01 (Omicron, XBB.1.16) confirmed in Wales.

As of 29 June 2023, [WHO is currently tracking](#)⁹ two variants of interest (VOIs), XBB.1.5 and XBB.1.16, along with six variants under monitoring (VUMs) and their descendent lineages. The VUMs are BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3. Globally, 114 countries have reported the detection of XBB.1.5 since

⁸

https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/PHWVirologyDashboard-Reportsandnotes_16535581718100/Notesondatainterpretationandreports

⁹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

its emergence. Its prevalence has been declining steadily. In epidemiological week 23 (5 to 11 June 2023), XBB.1.5 accounted for 19.8% of sequences, as compared to 32.1% in week 19 (8 to 14 May 2023). The updated risk assessment for XBB.1.5 presents supplementary laboratory and epidemiological evidence, which suggests that XBB.1.5 does not pose additional public health risks compared to other circulating variants.

XBB.1.16 has been reported from 89 countries. In week 23, XBB.1.16 accounted for 20.5% of sequences, an increase from 15.7% in week 19. Its prevalence has surpassed that of XBB.1.5 in week 23. An analysis of available data indicates that countries with a low prior prevalence of XBB.1.5 have experienced a significant increase in the prevalence of XBB.1.16, while countries that had a high prevalence of XBB.1.5 have reported low circulation of XBB.1.16.

As of 29 June 2023, [ECDC reports](#)¹⁰ that among the 11 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 23–24 (5 June to 18 June 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.4% (11.8–100.0% from 11 countries) for XBB.1.5, 3.6% (1.9–15.4% from six countries) for BA.2.75, 2.0% (0.3–82.4% from six countries) for XBB and 1.1% (0.4–5.9% from five countries) for BQ.1.

¹⁰ <https://www.ecdc.europa.eu/en/covid-19/country-overviews>

2. COVID-19 Medium Term Projections

- The most recent medium-term projections show a continued plateau in the coming weeks. However, there is a large amount of uncertainty in these projections for the upcoming weeks.

Swansea University (SU) regularly produces medium-term projections (MTPs) for Wales. The SU projections are also combined with other models to go into a consensus MTP for admissions which is agreed every two weeks by the UKHSA Epidemiological Modelling Review Group (EMRG), which has taken over from COVID-M-O in agreeing these MTPs.

The SU projections are typically more up to date but may be less robust as they are based on one model only. MTPs are based on projecting forward from current data and do not explicitly factor in policy changes, changes in testing, changes in behaviour, or rapid changes in vaccinations.

These MTPs for COVID-19 are not forecasts or predictions. They represent a scenario in which the trajectory of the epidemic continues to follow the trends that were seen in data available at the time.

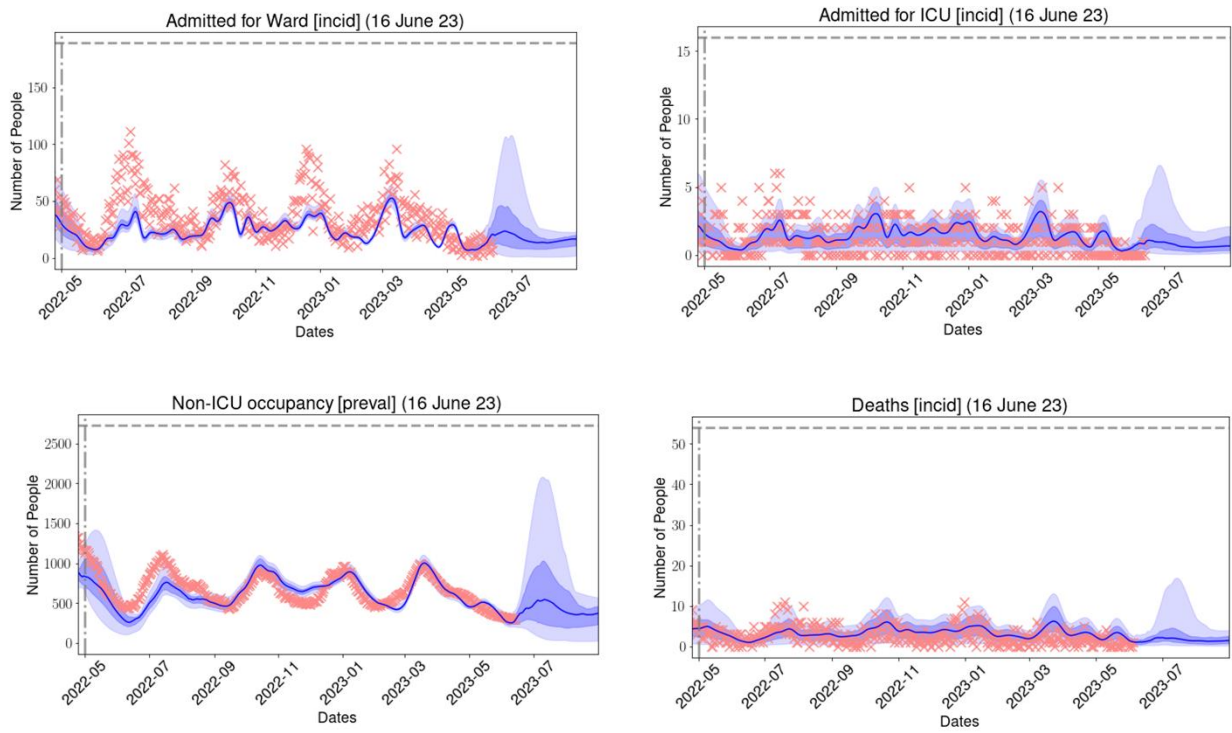
2.1. Swansea University MTPs, data to 16 June

In the charts below, pink crosses represent actual Omicron data, which the model is fitted to. Fit is weighted to data points after the vertical line to represent the characteristics of emergent strains.

The blue line represents the central modelling estimate. The blue ribbon represents the confidence intervals, with the darker blue ribbon indicating the 25th to 75th percentiles, and the 95% confidence limits in the lighter ribbon. The horizontal dotted line represents pre-Omicron peaks.

This set of projections is based on data up to 16 June and shows median indicators are increasing but will likely decrease shortly after. There is a fair amount of uncertainty around the median estimates, however.

Figure 10 - Swansea University Medium Term Projections



3. Influenza Situation Update

- PHW report that influenza activity has decreased to baseline levels, but small numbers of cases continue to be detected.
- UKHSA reports that influenza positivity remained low and stable.
- WHO reports that influenza detections remained low, but in the southern hemisphere, some countries reported variable changes, while detections in other countries have peaked.
- Australian government reports that Influenza-like-illness (ILI) activity in the community reported to FluTracking stabilised this fortnight, while ILI to general practitioners (GPs) decreased. It is likely that the impact on society remains stable.
- Avian influenza continues to be a threat and whilst high levels of transmission in wild birds present a constant risk, there is limited evidence that avian influenza virus is getting better at infecting humans or other mammals. Additional research and development is required to understand the impact of human to human transmission of H5N1 is required.

3.1. Weekly Influenza and Acute Respiratory Infection Report – PHW

As of 28 June 2023, [PHW report](#)¹¹ there were six cases of influenza. Overall influenza activity has decreased to baseline levels, but small numbers of cases continue to be detected.

The Sentinel GP consultation rate for influenza-like illness (ILI) in Wales during Week 25, was 2.8 consultations per 100,000 practice population. This is an increase compared to the previous Week (1.0 consultations per 100,000).

The Sentinel GP consultation rate for Acute Respiratory Infections (ARI) was 92.8 per 100,000 practice population during Week 25. This is a decrease compared to the previous week (113.3 per 100,000). Weekly consultations for Lower Respiratory Tract Infections (at 42.2 per 100,000) increased and Upper Respiratory Tract Infections (53.45 per 100,000) decreased compared to the previous week.

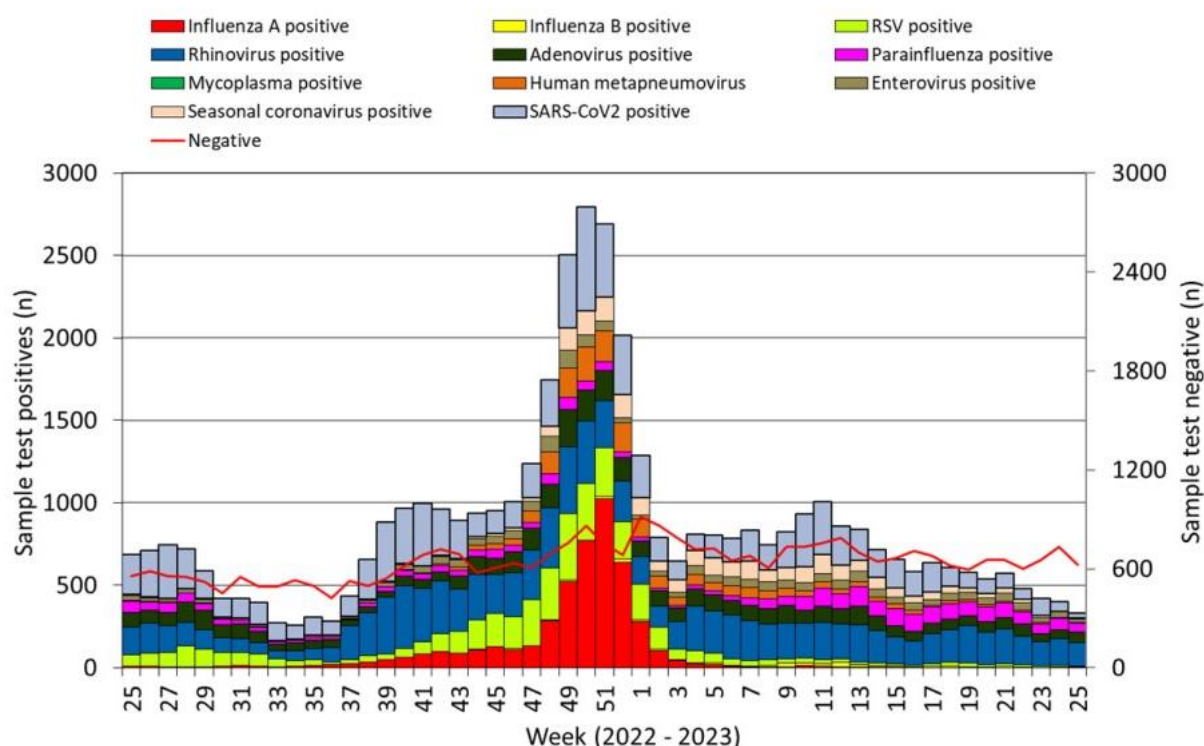
The percentage of calls to NHS Direct Wales which were 'influenza-related' (cold/flu, cough, fever, headache, and sore throat) during Week 25 increased to 13.9%.

¹¹ [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales \(nhs.wales\)](#)

Figure 11 - Uptake of influenza immunisations in GP Practice patients in Wales

Influenza immunisation uptake in the 2022/23 season	
People aged 65y and older	76.3%
People younger than 65y in a clinical risk group	44.2%
Children aged two & three years	44.0%
Children aged between four & ten years	63.9%
Children aged between 11 & 15 years	54.4%
Total NHS staff	46.2%
NHS staff with direct patient contact	46.7%

Figure 12 - Specimens submitted for virological testing for hospital patients and non-sentinel GPs



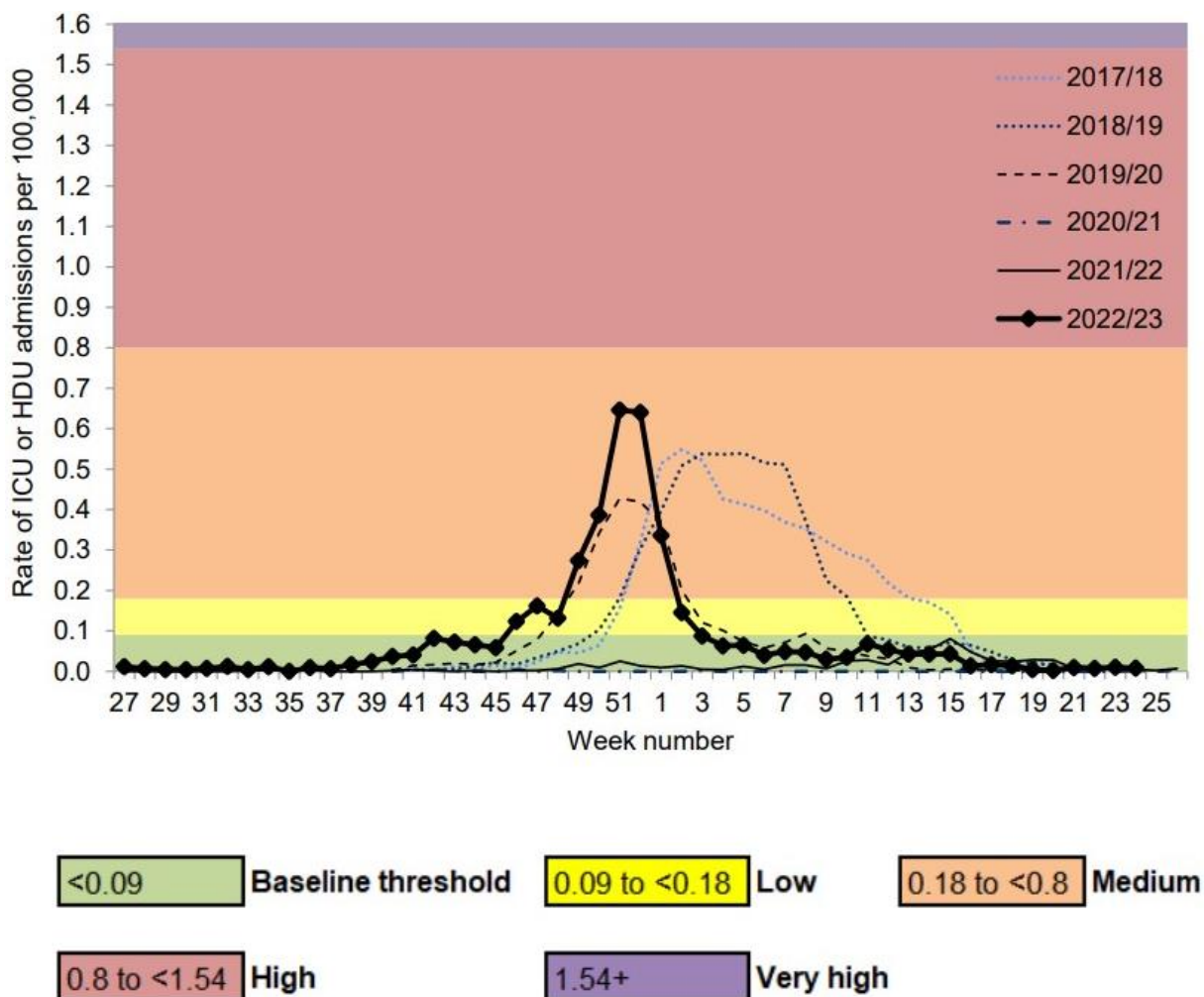
Data Source: [PHW Weekly Influenza](#) & Acute Respiratory Infection Surveillance

3.2. UKHSA Weekly national influenza surveillance report

As of 22 June 2023, [UKHSA reports](#)¹², that influenza remained low and stable at 0.4% compared with the previous week, with highest positivity seen in the 15 to 44 years old age group at 0.9%. Through primary care surveillance, the influenza-like-illness consultations indicator remained stable in week 24 compared with the previous week and was within the baseline activity level range. No influenza confirmed outbreaks were reported in week 24 in England. Influenza ICU admissions remained low and stable in week 24 and remained within the baseline range of activity.

Emergency department attendances for influenza-like illness remained stable nationally.

Figure 13 - Weekly influenza ICU or HDU admissions by influenza type, SARI Watch, England

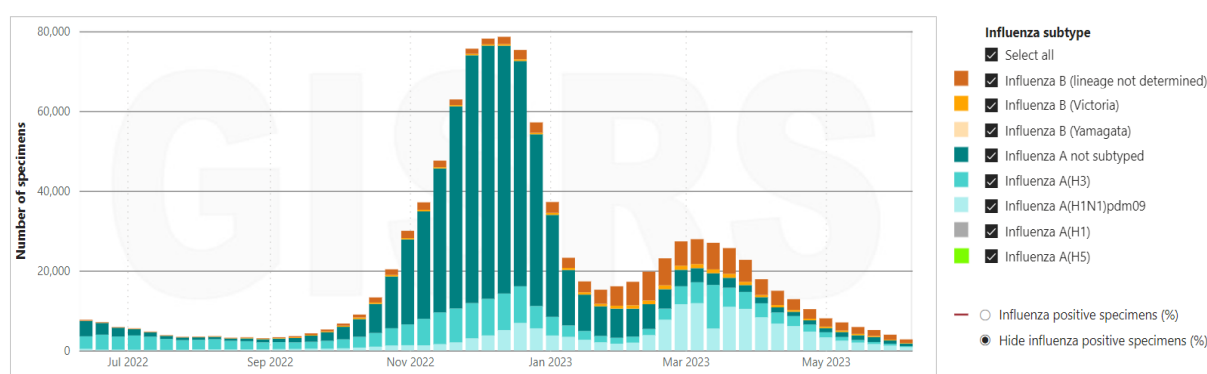


¹² <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season>

3.3. WHO influenza update

As of 26 June 2023, [WHO reports](#)¹³ that globally, influenza detections remained low, but in the southern hemisphere, some countries reported variable changes in influenza detections in recent weeks while detections in other countries seemed to have peaked. In Oceania, influenza activity continued to increase with influenza A predominantly detected. In Australia, influenza detections and ILI rates at sentinel general practitioners continued to increase overall, with differences across the states or territories. The majority of detections were influenza A viruses. In New Zealand, ILI and severe acute respiratory infections (SARI) activities continued to be reported at low levels with influenza A(H1N1)pdm09 and B viruses most commonly detected. In the Pacific Islands, Palau reported increased influenza activity in children under 15 years of age, mainly due to influenza B viruses.

Figure 14 Influenza virus detections by subtype reported to [WHO FluNet](#)



As of 27 June 2023, [WHO reports](#) that National Influenza Centres (NICs) and other national influenza laboratories from 108 countries, areas or territories reported data to FluNet for the time period from 29 May 2023 to 11 June 2023* (data as of 23/06/2023 07:09:51 AM UTC). The WHO GISRS laboratories tested more than 262 237 specimens during that time period. 6709 were positive for influenza viruses, of which 4221 (62.9%) were typed as influenza A and 2488 (37.1%) as influenza B. Of the sub-typed influenza A viruses, 2009 (73.6%) were influenza A(H1N1)pdm09 and 719 (26.4%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (321) belonged to the B/Victoria lineage.

3.4. Australian Influenza Surveillance

As of 30 June 2023, the [Australian government](#) reports that Influenza-like-illness (ILI) activity in the community reported to FluTracking stabilised this fortnight, while ILI presentations to ASPREN sentinel general practitioners (GPs) decreased.

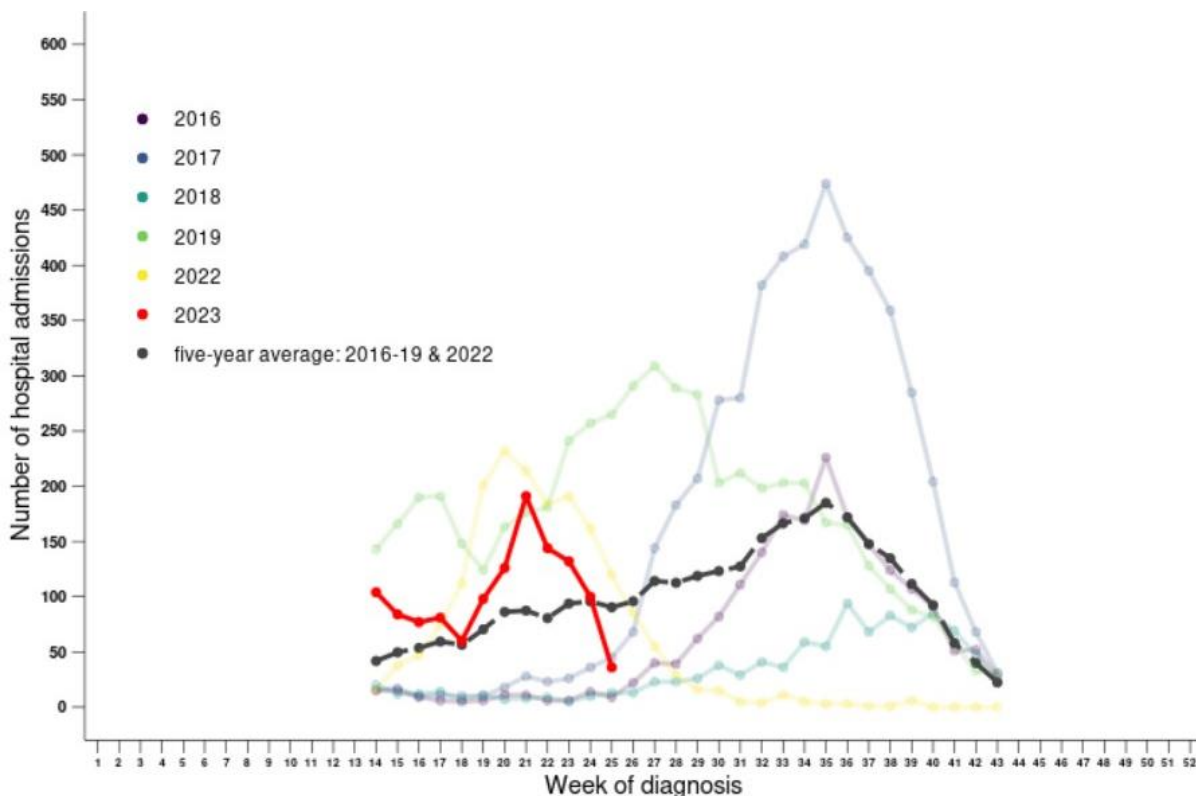
In the year-to-date (1 January to 25 June 2023), there have been 116,473 notifications reported to the National Notifiable Diseases Surveillance System (NNDSS) in Australia, of which 29,315 notifications had a diagnosis date this fortnight.

¹³ <https://www.who.int/publications/m/item/influenza-update-n--445>

There is currently not enough information to comprehensively assess the potential severity of the 2023 influenza season at this time.

In the year-to-date, of the 116,473 notifications of laboratory-confirmed influenza, 107 influenza-associated deaths have been notified to the NNDSS.

Figure 15 - Number of influenza hospitalisations at sentinel hospitals



Since seasonal surveillance commenced in April 2023, there have been 1,236 sentinel hospital admissions with influenza, of which 80 (6.5%) were admitted directly to ICU.

This fortnight, community ILI activity has stabilised or decreased, notifications of laboratory-confirmed influenza to the NNDSS have stabilised, and admissions to sentinel hospitals with influenza appear to be decreasing.

It is likely that the impact on society due to the 2023 influenza season this fortnight remains stable.

In the year-to-date, notification rates have been highest in people aged 5-9 years, followed by those aged 0-4 years, and 10-14 years.

3.5. Avian Influenza

UKHSA works with partners including the Animal and Plant Health Agency (APHA) to assess the risk to human health from avian influenza and improve the understanding of the virus. While the very high levels of transmission in wild birds present a constant risk, there is no evidence so far that the virus is getting better at infecting humans or other mammals.

[WHO reports](#)¹⁴ that between 16 June and 22 June 2023, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 31 May 2023, a total of 244 cases of human infection with avian influenza A(H5N1) virus have been reported from four countries within the Western Pacific Region since January 2003¹⁶. Of these cases, 136 were fatal, resulting in a case fatality rate (CFR) of 56%. The last cases in the WPR were reported from Cambodia on 23 and 24 February 2023. Globally, from January 2003 to 31 May 2023, 876 cases of human infection with avian influenza A(H5N1) virus were reported from 23 countries. Of these 876 cases, 458 were fatal (CFR of 52%).

Figure 16 - World Health Organisation cumulative number of laboratory-confirmed human cases and deaths of influenza A(H5N1) virus infections

Country	2003-2009		2010-2014		2015		2016		2017		2018		2019		2020		2021		2022		2023		Total	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Cambodia	9	7	47	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	58	38
China	38	25	9	5	6	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	55	32
Lao PDR	2	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	128	64
Total	161	91	71	42	6	1	0	0	0	0	0	0	0	0	1	0	0	0	2	1	3	1	244	136

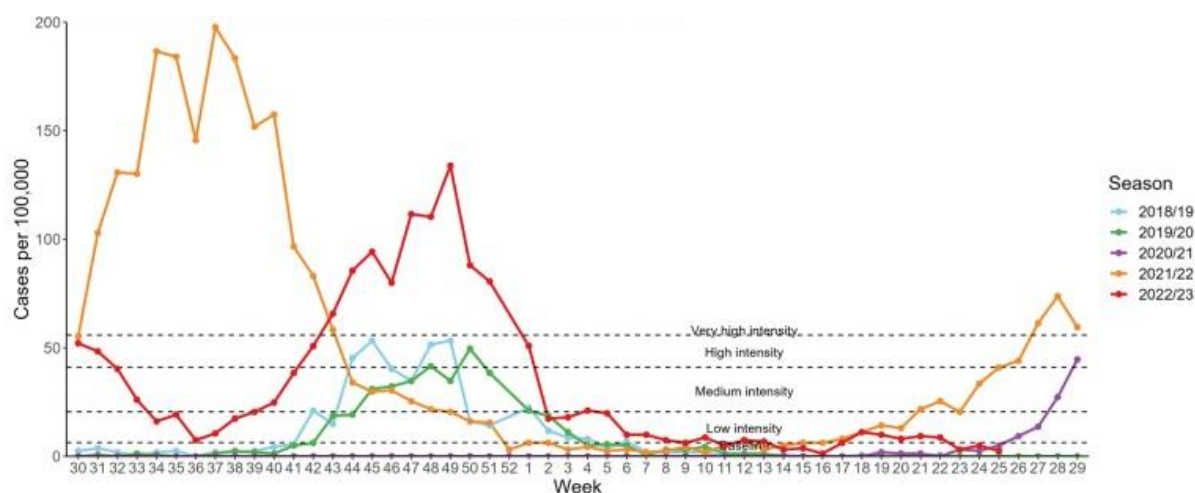
¹⁴ <https://www.who.int/westernpacific/emergencies/surveillance/avian-influenza>

4. Respiratory Syncytial Virus (RSV) and Invasive Group A streptococcal update

- PHW report that RSV incidence in children younger than 5 remains below the baseline threshold.
- UKHSA reports that the overall positivity for RSV remained low.
- WHO reports that RSV activity was generally low except in Australia and a few countries in the Region of the Americas.
- PHW report that Scarlet fever notifications are back to baseline. Following a recent uptick, iGAS reports have decreased slightly in recent weeks.

As of 25 June 2023, PHW report that RSV incidence in children younger than 5 remains below the baseline threshold.

Figure 1717 - RSV Incidence rate in those aged under 5 in Wales, by week



As of 22 June 2023, [UKHSA reports](#)¹⁵ that the overall positivity for RSV remained low at 0.4%, with the highest positivity in those aged under 5 years old at 1.6%. Emergency department attendances for acute bronchiolitis remained stable nationally.

As of 26 June 2023, WHO reports that globally, RSV activity was generally low except in Australia and a few countries in the Region of the Americas. RSV activity increased in a few countries in tropical and temperate South America.

¹⁵ [National flu and COVID-19 surveillance reports: 2022 to 2023 season - GOV.UK \(www.gov.uk\)](#)

4.1. Incidence data for Strep A and Scarlet Fever

As of 25 June 2023, PHW report that Scarlet fever notifications are back to baseline. Following a recent uptick, iGAS reports have decreased slightly in recent weeks.

Figure 1818 - PHW Scarlet Fever Notifications by year, 25 June 2023

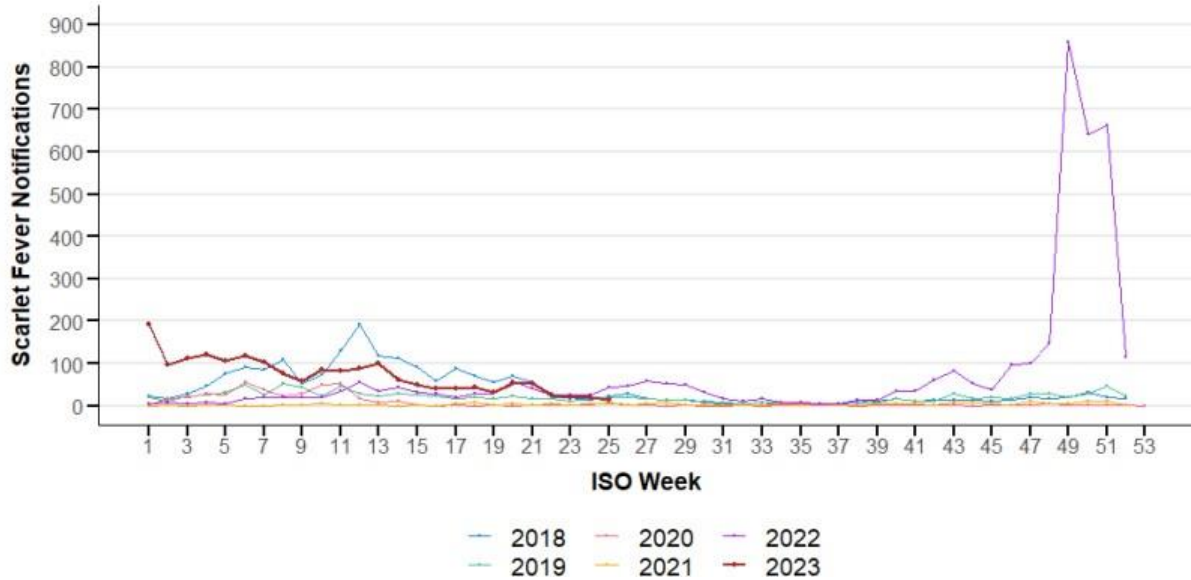


Figure 1919 - PHW Lab Confirmed Invasive group A streptococcal infections, 25 June 2023

